## U. S. DEPARTMENT OF LABOR

## Employees' Compensation Appeals Board

In the Matter of DARLENE M. CROAL-MANUEL <u>and</u> U.S. POSTAL SERVICE, POST OFFICE, Covington, GA

Docket No. 00-2798; Submitted on the Record; Issued July 17, 2001

## **DECISION** and **ORDER**

## Before MICHAEL J. WALSH, MICHAEL E. GROOM, PRISCILLA ANNE SCHWAB

The issue is whether appellant sustained an injury while in the performance of duty on December 1, 1999 and subsequent recurrence of such injury.

On December 1, 1999 appellant, then a 42-year-old distribution/window clerk, filed a traumatic injury claim alleging that after lifting parcels on that date, she began to experience abdominal pain which caused bleeding. Gynecological complications were also noted.

On May 30, 2000 appellant filed a notice of recurrence of disability. Appellant advised that she lost no time from the original injury of December 1, 1999 but was limited to lifting no more than 10 pounds. She related that her present condition was related to the original injury due to "bleeding." The employer related that, following the original injury, appellant's supervisor instructed appellant not to lift more than 10 pounds during recuperation. It again noted that appellant's alleged injury was not work related.

In a letter of June 26, 2000, the Office of Workers' Compensation Programs advised appellant that the information submitted with her claim was insufficient to establish that she had sustained an injury on December 1, 1999. She was advised to submit medical evidence of any treatment received including a physician's opinion supported by a medical explanation as to how the reported work incident caused or aggravated the claimed injury. Appellant was provided 30 days within which to submit the necessary medical information.

In a letter of July 11, 2000, the Office advised appellant that more information was needed concerning her recurrence of disability claim of May 17, 2000. The Office advised that a statement was required concerning appellant's description of duties on return to work following the original injury, a description of her physical condition from her return to work to the present; a description of any other illness or injuries during this period; and an explanation of why she believed her current condition was related to the original injury. The Office further advised that medical records, including clinical notes, of all treatment received for her orthopedic condition

since the original injury along with a narrative medical report from a physician with supporting explanation as to the causal relationship between her current disability/condition and the original injury must also be provided.

On July 17, 2000 appellant submitted another recurrence claim for a July 15, 2000 pain on the right side which she related to the original injury of December 1, 1999.

In a letter dated July 27, 2000, appellant advised that she was responding to the letter of July 11, 2000. She indicated that her duties following the original injury were distributing letters in trays, tubs of flats for distributing, working window, box mail in trays and tubs, dispatching mail from trays, tubs, parcels, mark-up and other duties assigned. Appellant indicated that the description of her physical condition was no lifting over 10 pounds. She stated that she believed her conditions of May 17 and July 15, 2000 were related to the December 1, 1999 injury as it was causing muscle strain on her pelvis.

Medical evidence was also received. A note from the South Fulton Medical Center indicated that appellant was seen on July 15, 2000. However, no reason for the visit was provided. A return-to-work slip dated July 18, 2000 indicated that appellant was under the gynecological care of Dr. Martin D. Jefferies on July 18, 2000 and could return to work on July 19, 2000 with no lifting over 10 pounds. No reason for the work stoppage was provided. A July 27, 2000 Form CA-17 from a physician specializing in surgery provided a history that appellant's lifting caused strain to the pelvic area on December 1, 1999. A diagnosis of muscle strain was provided with no clear evidence of hernia. Appellant was advised that she could resume work on July 28, 2000 with a 10-pound lifting restriction.

By decision dated August 2, 2000, the Office denied both appellant's initial claim and her recurrence claims on the basis that appellant failed to establish fact of injury. It advised that, although the initial evidence of file supported that appellant experienced the claimed event of December 1, 1999, no medical condition had been diagnosed in connection with the event. It further advised that the medical evidence of record was insufficient to establish a causal connection between the December 1, 1999 event and the subsequent claimed recurrences.

The Board finds that appellant has not met her burden of proof in establishing that she sustained an injury in the performance of duty on December 1, 1999 and subsequent recurrences of such.

A claimant seeking compensation under the Federal Employees' Compensation Act<sup>1</sup> has the burden of establishing the essential elements of her claim by the weight of the reliable, probative and substantial evidence, including that an injury was sustained in the performance of duty as alleged and that any disability or specific condition for which compensation is being claimed is causally related to the employment injury.<sup>2</sup>

<sup>&</sup>lt;sup>1</sup> 5 U.S.C. §§ 8101-8193.

<sup>&</sup>lt;sup>2</sup> See Jacquelyn L. Oliver, 48 ECAB 232, 235-36 (1996); Melinda C. Epperly, 45 ECAB 196 (1993); Elaine Pendleton, 40 ECAB 1143 (1989).

An award of compensation may not be based on surmise, conjecture or speculation. Neither the fact that appellant's condition became apparent during a period of employment nor the belief that the condition was caused, precipitated or aggravated by her employment is sufficient to establish a causal relationship.<sup>3</sup> Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence.<sup>4</sup> A physician's opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors must be based on a complete factual and medical background of the claimant.<sup>5</sup> Additionally, in order to be considered rationalized, the opinion must be expressed in terms of a reasonable degree of medical certainty and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and claimant's specific employment factors.<sup>6</sup>

In the instant case, appellant alleged that she sustained a traumatic injury<sup>7</sup> to her abdominal area on December 1, 1999 after she lifted parcels. Although the Office accepted that the event of lifting occurred, the Office properly found that the record was devoid of any medical evidence diagnosing a medical condition in connection with the lifting incident of December 1, 1999. When the Office later requested that appellant submit medical evidence of any treatment she received during December 1999, she failed to provide such information.

The fact that the etiology of a disease or condition is unknown or obscure neither relieves appellant of the burden of establishing a causal relationship by the weight of the medical evidence nor does it shift the burden of proof to the Office to disprove an employment relationship.<sup>8</sup>

The medical evidence accompanying appellant's claim is of little probative value in determining whether appellant's current condition of muscle strain is related to her federal employment or is causally related to the accepted lifting incident of December 1, 1999. The July 18, 2000 work slip from Dr. Jefferies contained no diagnosis of appellant's condition and no medical rationale or explanation was provided for appellant's disability and subsequent lifting restriction. Moreover, there was no indication that appellant's condition was work related.

<sup>&</sup>lt;sup>3</sup> Robert G. Morris, 48 ECAB 238, 239 (1996).

<sup>&</sup>lt;sup>4</sup> *Id*.

<sup>&</sup>lt;sup>5</sup> Victor J. Woodhams, 41 ECAB 345, 352 (1989).

<sup>&</sup>lt;sup>6</sup> *Id*.

<sup>&</sup>lt;sup>7</sup> A "traumatic injury" is defined as "a condition of the body caused by a specific event or incident or a series of events or incidents, within a single workday or shift." The condition "must be caused by external force, including stress or strain, which is identifiable as to time and place of occurrence and member or function of the body affected." 20 C.F.R. § 10.5(ee).

<sup>&</sup>lt;sup>8</sup> Judith J. Montage, 48 ECAB 292, 294-95 (1997).

<sup>&</sup>lt;sup>9</sup> Jacquelyn L. Oliver, supra note 2 (medical conclusions unsupported by medical rationale are of diminished probative value).

The July 27, 2000 medical report is also of diminished probative value and thus insufficient to establish the critical element of causal relationship. Although the physician diagnosed muscle strain, he only briefly and vaguely noted a prior injury at work in December 1, 1999. The physician did not provide a complete discussion of the initial employment injury of December 1, 1999 or where he attained the diagnosis of "lifting caused strain to the pelvic area." Moreover, Dr. Watkins did not discuss how the implicated employment activity caused or contributed to appellant's current diagnosis of muscle strain. <sup>10</sup>

For these reasons, appellant has not met her burden of proof.

The August 2, 2000 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, DC July 17, 2001

> Michael J. Walsh Chairman

Michael E. Groom Alternate Member

Priscilla Anne Schwab Alternate Member

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<sup>&</sup>lt;sup>10</sup> Medical conclusions based on inaccurate or incomplete histories are of little probative value; *see James A. Wyrick*, 31 ECAB 1805 (1980) (the physician's report was entitled to little probative value because the history was both inaccurate and incomplete). *See generally Melvina Jackson*, 38 ECAB 443, 450 (1987) (addressing factors that bear on the probative value of medical opinions).